

Labor Organization Officer
and Employee Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

006375

1. Name and address of person filing Joseph Grigus 12830 Sycamore Palos Heights, IL 60463	2. Name and address of labor organization Teamsters Local 714 6815 West Roosevelt Road Berwyn, IL 60402
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3. Position in labor organization Business Representative	4. Date fiscal year ended December 31, 2000	5. File number (if assigned) U-1505
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer	Address of Employer
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7. Nature of Interest, Transaction or Income

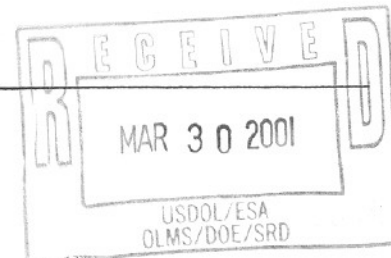
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business	Address of business
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9. Business deals with— <input type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	10. If 9B or 9C is checked give trust or employer's name
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11. Nature and approximate dollar value of such dealings

12. Nature of interest held or income received



C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input checked="" type="checkbox"/> or consultant <input type="checkbox"/> American Income Life Insurance 1200 Wooded Acres Waco, Texas 76710	14. Nature of payment Received as a union member: free accidental death and dismemberment coverage of \$2,000. Value of coverage is 96¢ per year.
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Joseph M. Grigus at Berwyn State IL on Feb. 20, 2001
City Date

Form LM-30 (Rev. 1986)

Authorization Officer
 Joyce Report

U.S. Department of Labor
 Employment Standards Administration
 Office of Labor-Management Security

Form approved - OMB No. 1215-0185
 Expires 11-30-2007

006375

U-1565

Form LM-30
 Year ended December 31, 2000
 Line 14 - Additional notes

1. Name and address of person filing Joseph J. Jones 12345 Palmdale, CA 93550	2. Name and address of labor organization Teamsters Local 714 6615 West Roosevelt Road Berwyn, IL 60402
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3. Position in which filing Business Representative	4. Date filed, year ended December 31, 2000	5. File number (if assigned) U-1565
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Enter appropriate date below R, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests except as is specified in the exemptions set forth in the instruction(s):

4. Held an interest in, engaged in transaction (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

5. Name of employer: All insurance coverage on Line 14 was cancelled effective July 1, 2000.

7. Nature of interest, transaction or income:

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying, selling, or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Name of business: Address of business:

10. If 8A or 8C is checked give true or employer's name: <input checked="" type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer
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11. Nature and approximate dollar value of such dealings:

12. Nature of interest held or income received:

13. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value:

13. Name and address of employer, <input checked="" type="checkbox"/> or consultant <input type="checkbox"/> American Income Life Insurance 1100 Wounded Areas Waco, Texas 76710	14. Nature of payment Received as a union death and dismemberment benefit. Value of coverage is \$100,000.
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IF WORKSPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information furnished in the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true and correct.

Signature: Joseph J. Jones Date: Feb 24 2001

